



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6400.2A

Code 0302

6 January 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6400.2A

From: Commanding Officer

Subj: POLICY AND GUIDANCE FOR MEDICAL SCREENER PROGRAM

Ref: (a) BUMEDINST 6010.13
(b) BUMEDINST 6550.9A

Encl: (1) Screener Medical Record Review/Training Worksheet
NH Form 6400/01
(2) Sample Service Record Page 13 Entry
(3) Departmental Acknowledgement of Medical Screener
Program Requirements

1. Purpose. To provide policy and guidance regarding the selection, training, qualification, duties, supervision and quality assurance of medical screeners.

2. Cancellation. NAVHOSP29PALMSINST 6400.2.

3. Background. The three primary goals of the Medical Screener Program are:

a. To improve the access to care for active duty personnel with minor medical conditions by permitting supervised hospital corpsmen to provide expeditious, clearly-defined health care services.

b. To train hospital corpsmen for service with the fleet, Fleet Marine Forces, and other operational units.

c. To enhance the Esprit de Corps of the Hospital Corps.

4. Policy. To establish Medical Screener program components and authorize qualified hospital corpsmen to provide timely, supervised quality primary care services to active duty patients with minor medical conditions.

5. Program Components

a. Selection of Candidates. Candidates for the Medical Screener program will be volunteers, selected and screened by their departmental chain of command for the program and must meet the following selection criteria:

(1) Successful completion of NHTP Orientation Program

(2) Successful initial completion of medication and IV certification, venipuncture and Patient Assessment skills, and periodic update certification when due.

(3) Selection for training by the Screener Selection Consultants.

(4) Documentation of superior performance supported by anecdotal and/or performance evaluations.

(5) No prior history of Non-Judicial Punishment within the last six months.

(6) No record of formal counseling within the last 60 days.

b. Application. Members must submit special request chits through their chain of command. Final approval of the request is within the candidate's chain of command. Departments will then forward enclosure (3), Departmental Acknowledgement of the Medical Screener program requirements, to the Medical Screener training Coordinator.

c. Training Requirements

(1) Initial Training. Medical Screener Program training consists of didactic classroom lectures, hands-on training in physical examination and diagnosis, and a supervised clinical practicum. See paragraph 6.d(1) below.

(2) Ongoing Training. Qualified screeners must receive at least 12 hours per quarter of ongoing medical inservice training, documented in the Medical Screeners training record. Enclosure (1), Screener Medical Record Review/Training Worksheet, can be used to document medical training.

(3) Screeners' training records will be maintained by the Program Coordinator. The record will include a copy of the screeners' certificate of training, the qualification service record page 13 enclosure (2), and quarterly training documentation.

d. Qualifications

(1) Qualification as a Medical Screener is granted after the student completes successfully the supervised clinical practicum working directly with a preceptor and has completed a minimum 20 patient contacts including taking the history, examining the patient, reaching the correct assessment, planning

the treatment and properly documenting such, utilizing the SOAP format, in health records. Additionally, for each of the 20 patients a Screener Medical Review/Training worksheet entry must be made by the preceptor and reviewed with the student. Upon successful completion of the supervised clinical practicum qualification is granted and a service record page 13 entry is made and a Certificate of Training is awarded.

(2) Maintaining Qualification

(a) Medical Screeners must have a minimum of 10 patient contacts per month in order to maintain qualification. A Medical Screener who has not maintained adequate patient contact loses their qualification. If lost, the qualification process outlined in paragraph 6.d(1) will be repeated in order to requalify.

(b) Those corpsmen trained as Medical Screeners at other commands may be granted local qualification by passing the local final written examination and completing the qualification process outlined in paragraph 6.d(1).

(c) Medical Screeners who fail to maintain their ongoing training requirements will have their qualification removed. If lost the qualification process outlined in paragraph 6.d(1) will be repeated, in order to re-qualify.

d. Duties and Responsibilities

(1) Program Director. The program director will be a medical officer appointed by The Commanding Officer. The program director will provide overall program oversight, coordination and ensure the chain of command is informed of all pertinent facts regarding the Medical Screener program. Review and approve training components and guide, annually.

(2) Program Advisors. Program advisors will be preceptors designated by user departments and are to advise the program director regarding scope of care, approved treatment protocols, approved lists of medications and mandatory patient referral to higher echelons of care. Program advisors will insure that each screener utilized is assigned a preceptor.

(3) Program Training Coordinator. The program training coordinator will supervise and schedule the initial and ongoing training of the command's Medical Screener program; provide copies of certificates to appropriate quality coordinators. Quarterly the program training coordinator will insure that each

screeners' training and patient contacts are current and report findings to user department quality coordinators and the program director, utilizing an executive summary flowsheet.

(4) Program Advisory Board. The program advisory board is made up of the program director, user department heads, program advisors, and the program training coordinator. The program advisory board will review training guides and teaching methods as needed and annually review all components of the command Medical Screener program.

(5) Preceptors

(a) Preceptors may be a medical officer, physician assistant, nurse practitioner or an independent duty corpsman.

(b) Assume the direct supervision of medical screeners assigned, including the responsibility for the care provided by the medical screeners supervised by them. Supervise no more than three screeners at a time.

(c) Continuously teach and supervise Medical screeners assigned to them. Document weekly on enclosure (1) Medical Record Reviews and all training received during the week. Forward an original to the user department quality coordinator and a copy to the screener's department for inclusion into the departmental training record.

(d) Ensure that screeners being supervised by them follow guidelines outlined in the instruction.

(e) Review medical screener patient contacts prior to the patient's departure from the clinic, including the history, examination, assessment and treatment plan devised.

(f) Co-sign all screener prescriptions and health record entries. Many times a preceptor may wish to reexamine patients or see patients with the medical screener. This practice is encouraged.

(g) Review diagnostic procedures and treatments with medical screeners prior to procedures and treatments being performed.

(h) Inform the program director of any problems encountered. Additionally, information regarding outstanding performance by a medical screener is also solicited.

(6) Medical Screeners

(a) Follow set guidelines, treatment protocols and keep their preceptors informed as to all patient contacts.

(b) Evaluate and treat only active duty personnel with minor illnesses and injuries for which they have been trained.

(c) Present each patient contact to a credentialed provider or IDC for review and co-signature prior to that patient departing the clinic.

(d) Wear a name tag identifying self as a Corpsman Medical Screener.

(e) Provide required Quality Assurance materials to preceptor.

(f) Maintain current qualifications

e. Supervision. All medical screeners will be supervised at all times by a credentialed provider or IDC.

f. Quality Assessment and Improvement. Medical screeners will have 100% of their patient contacts reviewed and co-signed by a credentialed provider or IDC prior to patients leaving sickcall. Weekly, the preceptors will perform the Screener Medical Record Review enclosure (1), and debrief the screener on their performance.

g. Scope of Care. Medical screeners are to evaluate and treat only minor illnesses for which they have been trained and provided with treatment protocols.

(1) Conditions which may be treated include:

(a) Minor headaches

(b) Uncomplicated upper respiratory infections

(c) Uncomplicated otorhinolaryngological conditions

(d) Minor dermatological conditions

(e) Uncomplicated minor musculoskeletal problems

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(f) Uncomplicated gastrointestinal conditions (e.g., constipation, minor gastroenteritis, minor hemorrhoids).

(g) Minor wounds, including dressing changes.

(h) Hypertension (limited to the documentation of serial blood pressure checks which have been requested by a referring provider).

(i) Uncomplicated eye conditions. (e.g. conjunctivitis, blepharitis)

(2) Conditions which may not be seen by a screener and require immediate referral to a medical officer, physician assistant, nurse practitioner or independent duty corpsman include:

(a) Chest pain.

(b) Febrile illness with temperature exceeding 102.*F.

(c) Acute distress (e.g., difficulty breathing, abdominal pain, lacerations, suspected fractures).

(d) Altered mental status.

(e) Unexplained pulse above 100 beats per minute.

(f) GYN illness.

(g) Unexplained respiratory rate above 20 per minute or less than 12 per minute.

(h) Systolic blood pressure over 160 mm Hg or diastolic blood pressure over 100 mm Hg.

(i) Any uncertainty or doubt in the assessment of the patient's medical condition.

(j) Any patient presenting to the medical screener with the same complaint twice during a single episode of illness shall be referred to a higher echelon of care for consultation (this does not apply to patients returning for the treatment of a

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chronic illness previously documented in their medical records or for routine planned follow-up of resolving acute illness or injury).

6. New or Revised Forms. Screener Medical Record Review/Training Worksheet, NAVHOS29PALMS Form 6400/01, is being adopted in accordance with this instruction and may be obtained through Central Files.

A handwritten signature in dark ink, appearing to read "R. S. Kayler", is centered on the page.

R. S. KAYLER

Distribution:
List A

SCREENER MEDICAL RECORD REVIEW / TRAINING WORKSHEET

Week of _____ to _____. Screener Name _____

Chart SSN(last 4)										
Legibility of entry										
History/complaint consistent										
Exam consistent with HX/CC										
Appropriate lab use										
Diagnosis consistent with data										
Treatment appropriate for DX										
Appropriate F/U										
Appropriate patient instructions given										
Record deficient										

*Annotate yes, no or n/a as appropriate.

I have reviewed and discussed the above listed records with the screener provider. _____ discrepancies were noted. All discrepancies, if any, are discussed on the back.

Screener signature/stamp _____

Preceptor signature/stamp _____

SUBJECTS		SCREENER MEDICAL TRAINING DATE/TIME/LENGTH	INSTRUCTOR

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Naval Hospital, Twentynine Palms CA

Date:

NAME OF MEDICAL SCREENER_____

This is to certify that the below named individual completed the Medical Screener Course and has qualified as a Medical Screener at Naval Hospital, Twentynine Palms, CA. This course prepares Hospital Corpsmen to provide supervised primary care services to active duty patients with minor medical conditions.

The course is 40 hours long and divided into didactic and practical laboratory sessions. In order to maintain qualification BUMEDINST 6550.9 series and NAVHOSP29PALMSINST 6400.2A must be adhered to.

Signature Program Director

Enclosure (2)

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Date

MEMORANDUM

From: Head,
To: Program Director, Medical Screener Course
Subj: DEPARTMENTAL ACKNOWLEDGEMENT OF MEDICAL SCREENER
REQUIREMENTS

Ref: (a) NAVHOSP29PALMSINST 6400.2A

1. I have reviewed reference (a), and acknowledge its requirements.
2. Request that_____ be enrolled in rate/name the course.
3. My POC on this matter is_____at extension _____.

Signature

Enclosure (3)